GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:338
ANSWERED ON:18.08.2004
INTERNATIONAL AIDS CONFERENCE
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether 15th International AIDS Conference was held recently at Bangkok;

(b) if so, the main issues discussed in the Conference;

(c) the outcome thereof;

(d) the steps taken by the Government to implement the decisions taken in that Conference;

(e) whether American and European Drug manufacturing companies have misled the Media and Society during Conference regarding manufacturing of AIDS drugs by Indian Multinational Companies;

(f) if so, whether the Indian Delegation countered their propaganda during the Conference;

(g) if so, the details in this regard; and

(h) the names of Indian Multinational Companies manufacturing Drugs for AIDS?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(h): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 338 FOR 18TH AUGUST, 2004

The 15th International AIDS Conference was held at Bangkok from 11th to 16th July, 2004. The theme of the International AIDS Conference was "Access for All". Through the many structured and unstructured meetings, it emerged that the focus was on providing access for people in regard to information on HIV/AIDS, as well as access to services for prevention of HIV and services for treatment, care and support of people living with HIV. The Union Health Minister lead an official delegation of 4 officials and additionally some 60 persons were sponsored by UNAIDS. The deliberations in the conference were divided into five thematic tracks:

1. Clinical Research;
2. Treatment & Care;
3. Epidemiology & Prevention;
4. Social & Economic Issues; and
5. Policy & Programme Implementation.

The main issues discussed in the conference were:

i. There is a need to simultaneously scale-up prevention strategies along with provisioning access to treatment, care and support;

ii. There is need to pay equal attention to low HIV prevalence and high HIV prevalence areas.

iii. We need to combine focussed interventions for high risk groups with appropriate strategies for vulnerable population such as pregnant women and young people.

iv. We need to build a multi-sectoral response by strengthening collaborations and partnerships with government and with non-government institutions.

v. We need to position condoms as a key component of our prevention strategy, as condoms have played decisive role in HIV prevention in many societies.

vi. We need to involve young people, women and People Living with HIV/AIDS (PLHAs) in all efforts to respond to the HIV epidemic.

vii. We need to fight stigma and discrimination against PLHAs by building an enabling environment (legislation etc).

A special highlight of the 15th International AIDS Conference was the Leadership Programme which brought together leaders from among people living with HIV, males who have sex with males, people who inject drugs, sex workers, women, young people, leaders from AIDS programmes, government, NGOs/CBOs, the private sector, religion, science, uniformed services and the world of work. Leaders from across diverse sectors were committed to bringing about improvement in the quality of life of those living with HIV/AIDS or affected by it and also to prevent further HIV infections.

The National AIDS Control Programme has a basket of operational strategies for prevention of HIV, coupled with strategies for the care, treatment and support of people living with HIV. Our interventions on prevention focus on :

1 . Preventive Interventions for high-risk population through behaviour change communication, counseling and testing, condom promotion, and referrals for treatment of sexually transmitted infections. These are implemented through targeted interventions at high risk sites, through an enabling environment fostered through awareness generation, and inter-personal communication;

2 . Preventive Interventions for general population through dissemination of information, education and communication across all segments, programmes on safe blood, services for voluntary testing and counseling, reaching out to adolescents and young adults through the School AIDS Education Programme and the University Talk AIDS Programme and awareness generation among out of school youth through the Nehru Yuva Kendras;

3. Interventions for low cost care and support through community care centers, installation of services in ante-natal clinics that prevent HIV transmission from the HIV positive mother to newborn infants, commonly known as prevention of parent to child transmission, managing the HIV-TB co-infection, treating people living with HIV/AIDS for opportunistic infections, and protecting health care providers with post-exposure prophylaxis;

4 . We have recently expanded the agenda on care and support of people living with AIDS (PLHAs) and introduced anti-retroviral treatment across six high prevalence states (Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland) in 8 designated government hospitals. From August, 2004, onwards, we will expand the designated government hospitals from 8 to 25. We will include government hospitals in moderate HIV prevalence states like Gujarat and Goa as well as low prevalence states like West Bengal, Uttar Pradesh and Rajasthan.

Anti-retroviral treatment for People Living with HIV/AIDS will help boost their immune systems and restore quality of life, which in turn, will enable them to resume an active life.

Simultaneously, government is fully aware that it is only through prevention that we will achieve zero level growth of HIV/AIDS, as and when succeed in breaking the chain of HIV transmission from high risk groups through the bridge population to the general population. For this reason, we continue to expand access for all to services for prevention of HIV, together with care, treatment and support for people living with AIDS.

As the XV International AIDS Conference began its first day of work, there was a full page advertisement in the daily Bangkok Post on Monday 12th July, 2004, headlined "Beware of the hype". The advertisement further said that "HIV patients worldwide deserve safe, effective and abundant treatment options − not false hope and false medicine". The advertisement aimed specifically at the Indian generic manufacturer CIPLA, noted that on May 27, the World Health Organisation (WHO) had delisted two CIPLA drugs because they were not "bio-equivalent". In other words, they did not work in the same way as patented drugs which had been licensed after exhaustive tests for safety and effectiveness.

Government sought detailed information to fully understand the background of the matter. The details received from the UNAIDS indicate that a little known US group, calling itself the AIDS Responsibility Project and headed by a member of the 35 person Presidential Advisory Council on HIV/AIDS and Chair of its International Subcommittee, has attacked generic drug makers in a full page advertisement on Day 1 of the XV International AIDS Conference, accusing them of exaggerating claims about the costs, safety and effectiveness of their products. Some report that the main function of this organization, the AIDS Responsibility Project, has been lobbying against the use of cheap generic drugs.

The Indian delegation led by the Minister for Health and Family Welfare held a press briefing next day and clarified that the ARV drugs manufactured by Indian companies are of world class quality standards and the allegations leveled against them are false and baseless.

A list of the names of Indian multinationals manufacturers of generic drugs for AIDS is annexed.

ANNEXURE

NAME OF THE INDIAN MULTINATIONAL COMPANIES

MANUFACTURING DRUGS FOR AIDS

Sl.No.	Name of manufacture	Antiretroviral Drugs
1.	M/S Cipla Ltd., Mumbai	Stavudine, Lamivudine,

Zidovudine,
Indinavir
Didanosine,
Nevirapine, &
Combination

2. M/S Glaxo India Ltd. Mumbai Lamivudine

3. M/S Burroughs Wellcom (India) Ltd., Mumbai Zidovudine

4. M/S Nicholas Peramal India Ltd., Mumbai Zalutabine,
Saquinavir

5. M/S Abbotts Laboratories (India) Pvt Ltd., Mumbai Ritonavir

6. M/S Aurobindo Pharma Ltd., Hyderabad Nevirapine,
Lamivudine

7. M/S Hetero Drugs Ltd., Hyderabad Indinavir,
Lamivudine,
Zidovudine

8. M/S Sun Pharmaceuticals Ltd., Baroda Lamivudine

9. M/S Ranbaxy Laboratories Ltd., New Delhi Lamivudine,
Zidovudine, &
Combinations

10. M/S Mepro Pharmaceuticals (P) Ltd.,
Surendra Nagar (Gujarat) Lamivudine

11. M/S Ipca Laboratories Ltd., Mumbai Lamivudine

12. M/S Cadila Healthcare Ltd., Ahmedabad Lamivudine

13. M/S Genix Pharma Ltd., Hyderabad Lamivudine

14. M/S Khandelwal Laboratories Ltd., Mumbai Lamivudine

15. M/S Lupin Laboratories Ltd., Mumbai Lamivudine

16. M/S Infar Pharmaceuticals Ltd., Ahmedabad Lamivudine

17. M/S Midhy Pharmaceuticals Ltd., Mumbai Lamivudine

18. M/S Liva Pharma Ltd., Mumbai Lamivudine